

# Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) B						SERIAL NO.	FILING DATE			
						09783035	02/15/01			
						APPLICANT(S)				
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
1							51			
2							52			
3							53			
4							54			
5							55			
6							56			
7							57			
8							58			
9							59			
10							60			
11							61			
12							62			
13							63			
14							64			
15							65			
16	1		1		1		66			
17		1		1		1	67			
18							68			
19							69			
20							70			
21							71			
22							72			
23							73			
24							74			
25							75			
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37							87			
38							88			
39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	1		1		1					
TOTAL DEP.	1	←	1	←	1	←				
TOTAL CLAIMS	2		2		2					